

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

Chapter 11

In re:

Case No. 16-23287-rdd

Christopher Casanova, aka Christopher Harris

Debtor(s).

**CREDITOR LOSS MITIGATION AFFIDAVIT**

STATE OF NEW YORK )  
                          ) ss.:  
COUNTY OF NASSAU )

I, Wendy Sinrilus, being sworn, say:

I am not a party to this action, am over 18 years of age and reside in Suffolk  
County, New York.

On October 31, 2016, I served a true copy of the Financial Packet annexed hereto and a request for the following documents:

- A copy of the Mortgagee(s) completed Financial Worksheet;
- Tax Returns (last 2 years); signed, dated, including all schedules;
- Proof of Second/Third Party Income by Affidavit of the party, including the party(s) last two (2) paycheck stubs,
- Three (3) most recent bank statements (all pages for all accounts);
- 30 consecutive days' of paystubs (5 stubs if paid weekly and 3 stubs if paid every two weeks)
- If self-employed, then most recent year to date profit and loss statement;
- Proof of other earned income and/or benefit income (include most recent award letter);
- A detailed list of all monthly expenses;
- RMA (Request for Mortgage Assistance); all boxes completed, signed and dated.
- Rental Income: need current signed and dated lease agreements; 2-months proof of rental income deposit;
- Mortgage Statement and/or copy of modification on the first lien.

Other (please specify): Current utility bill; Homeowners Insurance policy declaration page; No homeowner association letter; Property tax bill; completed 4506T form, a Hardship Letter covering the 5 following sections: Cause of the hardship, why did the hardship occur happen, when did the hardship occur, how and when did the customer resolve the hardship and the customers intent on keeping the subject property, and Dodd-Frank Certificate.

Upon the following parties via email at the following addresses:

Anne J. Penachio, Esq.  
Penachio Malara LLP  
235 Main Street Sixth Floor  
White Plains, NY 10601  
(914) 946-2889  
Fax : (914) 946-2882  
Email: [apenachio@pmlawllp.com](mailto:apenachio@pmlawllp.com)

Please be advised that the loss mitigation contact is as follows:

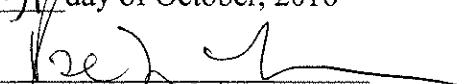
Desiree-Ann Silva  
Litigation Specialist II, Servicing Litigation  
Direct Dial: (747) 225-2864  
Fax: (805) 880-4432  
[Desiree-ann.Silva@pnmac.com](mailto:Desiree-ann.Silva@pnmac.com)

**KINDLY PROVIDE A COPY OF THE COMPLETED  
FINANCIAL DOCUMENTS VIA EMAIL TO THE  
FOLLOWING ADDRESS: [wsinrilus@rosicki.com](mailto:wsinrilus@rosicki.com).**

Dated: October 31, 2016  
Plainview, New York

  
Wendy Sinrilus  
Rosicki, Rosicki & Associates, P.C.  
51 E. Bethpage Road  
Plainview, NY 11803  
Phone: 516-741-2585  
Fax: 516-783-7243  
[wsinrilus@rosicki.com](mailto:wsinrilus@rosicki.com)

Sworn to before me this  
31 day of October, 2016

  
NOTARY PUBLIC

ROSEMARIE E. FORTINO  
NOTARY PUBLIC, STATE OF NEW YORK  
NO. 01FO6241639  
QUALIFIED IN NASSAU COUNTY  
COMMISSION EXPIRES MARCH 23, 2019

**IMPORTANT PROGRAM INFO**

This is the information we need to help you modify your mortgage payments.

## Loan Modification Application Checklist

### Included documents:

- Complete the enclosed Request for Mortgage Assistance Form
- Complete the enclosed Financial Statement Form
- Sign the enclosed Borrower's Authorization Form
- Complete the Tax Authorization Form 4506T-EZ (Must be completed by each borrower)
- Fax Coversheet with PennyMac Tracking Barcode
- Pre-paid Business Reply Mail envelope
- Additional resources, state specific verbiage, sample Profit & Loss Form and sample Third Party Authorization Form.

### **Income Verification:**

You are required to verify your income with documentation to ensure you qualify for our modification programs and, if so, to ensure you are offered an affordable payment. The required documentation depends on your source(s) of income. The questions and direction below, will inform you what documents are needed to verify your income. Be sure to make copies of your income documentation and keep the originals for your records.

#### **Do you receive a salary or hourly wages?**

- Each borrower must provide a copy of their two most recent pay stubs (showing year-to-date earnings)
- Each borrower must provide a copy of their most recent W-2.

*If you are unemployed, but have an "Offer Letter" from a new employer, please provide a copy of that letter.*

#### **Are you self-employed?**

- Each borrower must provide a copy of their most recent quarterly or year-to-date Profit and Loss statement.

*Profit and Loss statements are required for each business and each borrower.*

#### **Do you receive income from any of the following: social security, disability or death benefits, pension, adoption assistance, public assistance, or unemployment?**

- Each borrower must provide a copy of their benefits statement(s) or provide a letter from the source, stating the following: amount of income, frequency and duration of the benefit.
- Each borrower must provide a copy of their two most recent bank statements showing receipt of such payments.

#### **Do you receive alimony or child support as income?**

- Each borrower must provide a copy of the following: Divorce Decree (or other court decree), Separation Agreement or other written agreement (filed with the court) stating the benefit amount, frequency and the duration of the benefit.
- Each borrower must provide a copy of their two most recent bank statement showing receipt of such payment.

*You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered for your loan modification or foreclosure alternative.*

#### **Do you receive rental property income?**

- Each borrower must provide a copy of all Lease Agreement(s) with bank statements showing deposits of rent checks.

#### **If you do NOT have an escrow or impound account to pay your property taxes and hazard insurance, please provide the following:**

- Copies of the property's most recent Property Tax Bill and Homeowner's Insurance Policy or Insurance Bill

*IMPORTANT: If your monthly payment did not include escrows for taxes and insurance, you will be required to do so as a condition of receiving a loan modification. Any prior waiver that allowed you to pay directly for taxes and insurance will be revoked. You agree to establish an escrow account and to pay required escrows into that account, if you accept a trial plan offer.*

#### **If the property is subject to a Homeowners or Condo Association (HOA), please provide the following:**

- Copy of most recent HOA bill and canceled check showing payment.



Making Home Affordable Program  
Request For Mortgage Assistance (RMA)



If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options under the Making Home Affordable (MHA) Program. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about all of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. Finally, you will need to return to your loan servicer (1) this completed, signed and dated Request for Mortgage Assistance (RMA); and (2) completed and signed IRS Form 4506-T; and (3) all required income documentation identified in Section 4.

**When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this RMA is accurate and truthful.**

## SECTION 1: Borrower Information

### BORROWER

**BORROWER'S FULL NAME:**

**SOCIAL SECURITY NUMBER:**

 - 

**DATE OF BIRTH:**

 /  / 

**HOME PHONE NUMBER:**

 (  )  - 

**CELL PHONE NUMBER:**

 (  )  - 

**MAILING ADDRESS:**

**EMAIL ADDRESS:**

### CO-BORROWER

**CO-BORROWER'S FULL NAME:**

**SOCIAL SECURITY NUMBER:**

 - 

**DATE OF BIRTH:**

 /  / 

**HOME PHONE NUMBER:**

 (  )  - 

**CELL PHONE NUMBER:**

**CELL PHONE NUMBER:**

 (  )  - 

**MAILING ADDRESS:**

**EMAIL ADDRESS:**

**Has any borrower filed for bankruptcy?**

No:  Yes: Chapter 7  Yes: Chapter 13

**Has your bankruptcy been discharged?**

No:  Yes:  Not Applicable:

**Filing Date: (if applicable)**

 /  /

**Bankruptcy Case Number:**

**Is any borrower a servicemember?**

No:  Yes:

**Have you recently been deployed away from your principal residence or recently received a permanent change of station order?**

No:  Yes:  Not Applicable:

**How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others?**

#

**Has the mortgage on your principal residence ever been modified under a Home Affordable Modification Program (HAMP) trial period plan or permanent modification?**

No:  Yes:

**Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification? If "Yes", how many?**

No:  Yes:  #

**Are you or any co-borrower currently in or being considered for a HAMP trial period plan on a property other than your principal residence?**

No:  Yes:

## Making Home Affordable Program Request For Mortgage Assistance (RMA)



## **SECTION 2: Hardship Affidavit**

I am having difficulty making my monthly payment, because of financial difficulties created by:  
(Check all that apply)

<input type="checkbox"/> Unemployment	<input type="checkbox"/> Mortgage Payment Increase	<input type="checkbox"/> Military Service
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Property Problems	<input type="checkbox"/> Inability to Rent Property
<input type="checkbox"/> Reduction of Income	<input type="checkbox"/> Title Problems	<input type="checkbox"/> Marital Difficulties
<input type="checkbox"/> Illness in Family	<input type="checkbox"/> Job Relocation	<input type="checkbox"/> Abandonment of Property
<input type="checkbox"/> Excessive Obligation	<input type="checkbox"/> Incarceration	<input type="checkbox"/> Other

I believe that my situation is:

Short Term (Under 6 months)  Long Term (Over 6 months)  Permanent

### Explanation:

(Continue on other page if necessary)

Making Home Affordable Program  
Request For Mortgage Assistance (RMA)



### SECTION 3: Principal Residence Information

Principal residence address:

I am requesting mortgage assistance on my principal residence?  No: \_\_\_\_\_  Yes: \_\_\_\_\_

If "Yes", do you want to KEEP the property?  No: \_\_\_\_\_  Yes: \_\_\_\_\_

If "Yes", do you want to SELL the property?  No: \_\_\_\_\_  Yes: \_\_\_\_\_

Are there other mortgages or liens on this property?  No: \_\_\_\_\_  Yes: \_\_\_\_\_

If "Yes", what is the name of the mortgage servicer or lien holder:

MORTGAGE SERVICER'S NAME

CONTACT INFO (if known)

LOAN NUMBER

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

(Please include all known liens and mortgages)

Do you have a condominium or homeowner association ("HOA")?  No: \_\_\_\_\_  Yes: \_\_\_\_\_

If "Yes", what is the recurring association fee?  \$ \_\_\_\_\_

Due:  Monthly: \_\_\_\_\_  Yearly: \_\_\_\_\_

If "Yes", are the association fees current?  No: \_\_\_\_\_  Yes: \_\_\_\_\_

If "Yes", what is the delinquent association balance?  \$ \_\_\_\_\_

Name & Address of HOA:

Does your mortgage payment include property taxes?  No: \_\_\_\_\_  Yes: \_\_\_\_\_

If "No", are the property taxes current?  No: \_\_\_\_\_  Yes: \_\_\_\_\_

Is the annual homeowner's insurance premium paid current?  No: \_\_\_\_\_  Yes: \_\_\_\_\_

If "No", when was the last homeowner's insurance premium paid?

What is the amount of the annual homeowner's premium?  \$ \_\_\_\_\_

or  Unknown

Is the property listed currently for sale?  No: \_\_\_\_\_  Yes: \_\_\_\_\_

If "Yes", when was it listed?  / /

Listing Agent's Name & Address:

Listing Agent's Phone & Email:  ( ) -

Have you received a purchase offer?  No: \_\_\_\_\_  Yes: \_\_\_\_\_

If "Yes", when was the offer received?  / /

If "Yes", what is the amount of the offer?  \$ \_\_\_\_\_

If "Yes", what is the closing date?  / /

Buyer's Name:

(Please contact your listing agent if you have any questions about completing this section)

Making Home Affordable Program  
Request For Mortgage Assistance (RMA)



## SECTION 4: Income and Expenses

You are required to verify your income with documentation to ensure you qualify for our modification programs and, if so, to ensure you are offered an affordable payment. The required documentation depends on your source(s) of income. The questions and direction below, will inform you what documents are needed to verify your income. Be sure to make copies of your income documentation and keep the originals for your records.

### Do you receive a salary or hourly wages?

- Each borrower must provide a copy of their two most recent pay stubs (showing year-to-date earnings)
- Each borrower must provide a copy of their most recent W-2.

### Are you self-employed?

- Each borrower must provide a copy of their most recent quarterly or year-to-date Profit and Loss statement.  
*(Profit and Loss statements are required for each business and each borrower)*

### Do you receive income from any of the following: social security, disability or death benefits, pension, adoption assistance, public assistance, or unemployment?

- Each borrower must provide a copy of their benefits statement(s) or provide a letter from the source, stating the following: amount of income, frequency and duration of the benefit.
- Each borrower must provide a copy of their two most recent bank statements showing receipt of such payments.

### Do you receive alimony or child support as income?

- Each borrower must provide a copy of the following: Divorce Decree (or other court decree), Separation Agreement or other written agreement (filed with the court) stating the benefit amount and the duration of the benefit.
- Each borrower must provide a copy of their two most recent bank statement showing receipt of such payment.

*You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered for your loan modification or foreclosure alternative.*

### Do you receive rental property income?

- Each borrower must provide a copy of all Lease Agreement(s) with bank statements showing deposits of rent checks.

Number of people in household:

Number of dependents in household:

Is there a person, not on the mortgage note, who lives in the residence and contributes financially to the household?

No:  Yes:

If "Yes", complete the following: *(Not on mortgage note)*

FULL NAME	PHONE NUMBER	MONTHLY MORTGAGE CONTRIBUTION
<input type="text"/>	<input type="text"/> - <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> - <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> - <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> - <input type="text"/>	\$ <input type="text"/>

Mortgage contributions by people NOT on the mortgage note will require verification.

Explanation of mortgage contributions: *(Describe frequency of contribution, agreements and terms)*

<input type="text"/>

Making Home Affordable Program  
Request For Mortgage Assistance (RMA)



*All borrowers must include two years of employment history. Additional pages can be added, if needed*

**BORROWER**

Are you currently employed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No: _____	Are you currently employed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No: _____
Are you self-employed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No: _____	Are you self-employed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No: _____
Most recent employer	<input type="text"/>		
Business address	<input type="text"/>		
Business phone #	(      ) - extn		
Monthly Income	\$ <input type="text"/> (Before tax)	Monthly Income	\$ <input type="text"/> (Before tax)
Start Date	<input type="text"/> End Date <input type="text"/> (MM/DD/YY)	Start Date	<input type="text"/> End Date <input type="text"/> (MM/DD/YY)
Employer	<input type="text"/>		
Business address	<input type="text"/>		
Business phone #	(      ) - extn		
Monthly Income	\$ <input type="text"/> (Before tax)	Monthly Income	\$ <input type="text"/> (Before tax)
Start Date	<input type="text"/> End Date <input type="text"/> (MM/DD/YY)	Start Date	<input type="text"/> End Date <input type="text"/> (MM/DD/YY)
Employer	<input type="text"/>		
Business address	<input type="text"/>		
Business phone #	(      ) - extn		
Monthly Income	\$ <input type="text"/> (Before tax)	Monthly Income	\$ <input type="text"/> (Before tax)
Start Date	<input type="text"/> End Date <input type="text"/> (MM/DD/YY)	Start Date	<input type="text"/> End Date <input type="text"/> (MM/DD/YY)
Employer	<input type="text"/>		
Business address	<input type="text"/>		
Business phone #	(      ) - extn		
Monthly Income	\$ <input type="text"/> (Before tax)	Monthly Income	\$ <input type="text"/> (Before tax)
Start Date	<input type="text"/> End Date <input type="text"/> (MM/DD/YY)	Start Date	<input type="text"/> End Date <input type="text"/> (MM/DD/YY)
Employer	<input type="text"/>		
Business address	<input type="text"/>		
Business phone #	(      ) - extn		
Monthly Income	\$ <input type="text"/> (Before tax)	Monthly Income	\$ <input type="text"/> (Before tax)
Start Date	<input type="text"/> End Date <input type="text"/> (MM/DD/YY)	Start Date	<input type="text"/> End Date <input type="text"/> (MM/DD/YY)

Making Home Affordable Program  
Request For Mortgage Assistance (RMA)



## SECTION 5: Other Properties Owned

If you receive rental income from a property, other than the property with PennyMac, you must provide a copy of all Lease Agreement(s) with bank statements showing deposits or rent checks. Otherwise, check the "Not applicable" box below and sign this form.

I do NOT own any other homes. Therefore, Section 5 is not applicable.

Not Applicable:

### Other Property #1

Address:

Loan#:

Mortgage Servicer's Name:

Monthly Mortgage Payment:

\$

Mortgage Loan Balance:

\$

The property is currently:

Vacant:

Rented:

Seasonal / Second Home:

If the property is "Rented", how much rental income is collected each month?

\$

Monthly HOA Dues:

\$

If the monthly mortgage payment does not include the property taxes and insurance, please advise below.

Monthly Taxes:

\$

Monthly Insurance Payment:

\$

### Other Property #2

Address:

Loan#:

Mortgage Servicer's Name:

Monthly Mortgage Payment:

\$

Mortgage Loan Balance:

\$

The property is currently:

Vacant:

Rented:

Seasonal / Second Home:

If the property is "Rented", how much rental income is collected each month?

\$

Monthly HOA Dues:

\$

If the monthly mortgage payment does not include the property taxes and insurance, please advise below.

Monthly Taxes:

\$

Monthly Insurance Payment:

\$

### Other Property #3

Address:

Loan#:

Mortgage Servicer's Name:

Monthly Mortgage Payment:

\$

Mortgage Loan Balance:

\$

The property is currently:

Vacant:

Rented:

Seasonal / Second Home:

If the property is "Rented", how much rental income is collected each month?

\$

Monthly HOA Dues:

\$

If the monthly mortgage payment does not include the property taxes and insurance, please advise below.

Monthly Taxes:

\$

Monthly Insurance Payment:

\$

Making Home Affordable Program  
Request For Mortgage Assistance (RMA)



## SECTION 6: Other Property for which assistance is requested

**ONLY** complete this section if you are requesting mortgage assistance on a property that is NOT your principal residence.

I am requesting mortgage assistance with a rental property:

No: \_\_\_\_\_ Yes: \_\_\_\_\_

If "Yes", the property currently:

Vacant and available for rent.
Occupied without rent (by a family member or legal dependent)
Occupied by a tenant as their principal residence.
Other: (Explain) _____

If the property is occupied:

Term of lease: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Gross monthly rent: \$ \_\_\_\_\_

I want to KEEP this property:

No: \_\_\_\_\_ Yes: \_\_\_\_\_

I want to SELL this property:

No: \_\_\_\_\_ Yes: \_\_\_\_\_

If the rental property is vacant, describe your efforts to rent property below:

_____
_____
_____

If applicable, describe the relationship and duration of the non-rent paying occupant(s) below:

_____
_____
_____

I am requesting mortgage assistance with a second or seasonal home:

No: \_\_\_\_\_ Yes: \_\_\_\_\_

I want to KEEP this property:

No: \_\_\_\_\_ Yes: \_\_\_\_\_

I want to SELL this property:

No: \_\_\_\_\_ Yes: \_\_\_\_\_

Do you have a condominium or homeowner association ("HOA")?

No: \_\_\_\_\_ Yes: \_\_\_\_\_

If "Yes", what is the recurring fee?

\$ \_\_\_\_\_ Due: Monthly: \_\_\_\_\_ Yearly: \_\_\_\_\_

If "Yes", are the fees current?

No: \_\_\_\_\_ Yes: \_\_\_\_\_

Name & Address of HOA:

_____
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Does your mortgage payment include property taxes?

No: \_\_\_\_\_ Yes: \_\_\_\_\_

If "No", are the property taxes current?

No: \_\_\_\_\_ Yes: \_\_\_\_\_

Is the annual homeowner's insurance premium paid current?

No: \_\_\_\_\_ Yes: \_\_\_\_\_

If "No", when was the last homeowner's Insurance premium paid?

No: \_\_\_\_\_ Yes: \_\_\_\_\_

What is the amount of the annual homeowner's premium?

\$ \_\_\_\_\_ or  Unknown

Is this Property listed currently for sale?

No: \_\_\_\_\_ Yes: \_\_\_\_\_

If "Yes", when was it listed? \_\_\_\_\_ / \_\_\_\_\_

Listing Agent's Name & Address:

_____
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Listing Agent's Phone & Email:

(   ) - _____
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Have you received a purchase offer?

No: \_\_\_\_\_ Yes: \_\_\_\_\_

If "Yes", when was the offer received? \_\_\_\_\_ / \_\_\_\_\_

If "Yes", what is the amount of the offer?

\$ \_\_\_\_\_

If "Yes", what is the closing date?

\_\_\_\_\_ / \_\_\_\_\_

Buyer's Name:

_____
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(Please contact your listing agent if you have any questions about completing this section)

Making Home Affordable Program  
Request For Mortgage Assistance (RMA)



## RENTAL PROPERTY CERTIFICATION

**(You must complete this certification if you are requesting a mortgage modification with respect to a rental property.)**

By checking this box and initialing below, I am requesting a mortgage modification under MHA with respect to the rental property described in this Section 6 and I hereby certify under penalty of perjury that each of the following statements is true and correct

I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the servicer, the U.S. Department of the Treasury, or their respective agents may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I used reasonable efforts to rent the property to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such five-year period.

*Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspapers, websites or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.*

The property is not my secondary residence and I do not intend to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein.

*Note: The term "secondary residence" includes, without limitation, a second home, vacation home or other type of residence that I personally use or occupy on a part-time, seasonal or other basis.*

I do not own more than five (5) single-family homes (i.e., one-to-four unit properties) (exclusive of my principal residence).

**Notwithstanding the foregoing certifications, I may at any time sell the property, occupy it as my principal residence, or permit my legal dependent, parent or grandparent to occupy it as their principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.**

**This certification is effective on the earlier of the date listed below or the date the RMA is received by your servicer.**

Initials:

**Borrower:** \_\_\_\_\_

**Co-borrower:** \_\_\_\_\_

## SECTION 7: Dodd-Frank Certification

**The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). You are required to furnish this information. The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.**

**I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:**

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

**I/we understand that the servicer, the U.S. Department of the Treasury, or their respective agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/ we also understand that knowingly submitting false information may violate Federal law. This certification is effective on the earlier of the date listed below or the date this RMA is received by your servicer.**

Making Home Affordable Program  
Request For Mortgage Assistance (RMA)



## SECTION 8: Information for Government monitoring purposes only

**The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.**

BORROWER  I do not wish to furnish this information

Ethnicity:  Hispanic or Latino  
 Not Hispanic or Latino  
Race:  American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
Sex:  Female  
 Male

CO-BORROWER  I do not wish to furnish this information

Ethnicity:  Hispanic or Latino  
 Not Hispanic or Latino  
Race:  American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
Sex:  Female  
 Male

If you have questions about this document or the Making Home Affordable Program, please call your servicer. If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673).

The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy of your property, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to my Servicer in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or [www.sigtarp.gov](http://www.sigtarp.gov) and provide them with your name, our name as your servicer, your property address, loan number and the reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

Making Home Affordable Program  
Request For Mortgage Assistance (RMA)



## SECTION 9: Borrower and Co-borrower acknowledgement and agreement

I certify that all of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.

I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate Federal and other applicable law.

I authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility for MHA and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.

I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under MHA, the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my participation in MHA, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.

I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.

I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.

I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.

I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.

If I am eligible for assistance under MHA, and I accept and agree to all terms of an MHA notice, plan, or agreement, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My first timely payment, if required, following my servicer's determination and notification of my eligibility or prequalification for MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.

I understand that my Servicer will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any MHA notice, plan or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.

I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

Borrower Signature	Borrower Name	Social Security Number	Date
Co-borrower Signature	Co-borrower Name	Social Security Number	Date



## Financial Statement Form

BORROWER'S FULL NAME:

CO-BORROWER'S FULL NAME:

Monthly Household Income			Monthly Household Expenses/ Debt (Principal Residence Expense Only)		
Income Type	Applicable	Monthly Amount	Income Type	Applicable	Monthly Amount
Monthly Gross Wages		\$	First Mortgage Principal & Interest Payment		\$
Overtime	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	Second Mortgage Principal & Interest Payment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$
Self-employed Income	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	Homeowner's Insurance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$
Unemployment Income	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	Property Taxes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$
Untaxed Social Security / SSD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	HOA / Condo Fees	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$
Food Stamps / Welfare	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	Life / Health Insurance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$
Taxable Social Security or Retirement Income	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	401K Loan	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$
Child Support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	Child Support / Alimony	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$
Tips, commission and bonus	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	Medical Bills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$
Gross Rents Received	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	Total Utility Payments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$
Other: (Please explain below)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	Grocery Bill	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$
			Rental Expense	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$
<b>Total (Gross Income)</b>	<b>\$</b>		<b>Total Debt / Expenses</b>	<b>\$</b>	

### Utility bill breakdown:

Utility Type	Monthly Payment	Utility Type	Monthly Payment
Electricity	\$	Sewer	\$
Water	\$	Trash	\$
Gas	\$	Other	\$
Cable & Internet	\$	Other	\$

Have you contacted a credit counseling agency for help? (This is not a requirement)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "Yes", please provide the counselor's name and agency: \_\_\_\_\_

Please provide documentation and paperwork for the debts included in the credit counseling program.

**IMPORTANT PROGRAM INFO**

Here's what you need to know about the Modification program.

## Quick Reference Guide:

### Regarding Forms:

- ✓ Make sure that all co-borrowers listed on the loan sign and date every form.
- ✓ When calculating your monthly income and expenses, check that your totals are added correctly.

### Bank Statements:

- ✓ Be sure to include all pages, for each bank statement that you may submit.
- ✓ Submit statements you may have received in the mail or be sure to print out the PDF statements from online banking. We can't accept screen printouts from online banking.

### Salary or hourly Pay Stubs:

- ✓ Pay stubs must be for the most recent, consecutive 30 days of employment.
- ✓ If you're paid semi-monthly, submit your two most recent pay stubs.
- ✓ If you're paid weekly, submit your five most recent pay stubs.

### Self-employed Income Statements:

- ✓ If you're submitting a profit and loss statement for a business, it must include the business name, income, net income after expenses, and the start and end dates for the statement period for each self-employed customer.
- ✓ The statements cannot be older than 90 days.

### Divorce Decree, Separation Agreement, Child Support and Alimony:

- ✓ If you do not have a copy of the following documents, contact your local Office of Vital Statistics or the court that issued the relevant order(s).

### Social Security, Disability, Death Benefits, Pension, Public assistance and Adoption assistance:

- ✓ You can provide a copy of benefit letters/statements, disability policy, or receipt of payments such as copies of two most recent bank statements showing electronic deposit of benefits. For additional information regarding social security, disability or death benefit income, contact Social Security directly toll-free at 1-800-772-1213 or visit their website at [www.socialsecurity.gov](http://www.socialsecurity.gov)

### Proof of unemployment benefits:

- ✓ If you're collecting unemployment, you'll need a copy of your unemployment benefits letter, or a letter from your former employer verifying that you're receiving unemployment benefits.
- ✓ Bank statements showing unemployment benefit deposits will be required.

### Military orders and Earnings statement:

*(If you're a military borrower on active duty, or were released from active duty within the last nine months)*

- ✓ You'll need active-duty military orders or other proof of active duty status showing start and end date.
- ✓ You're also required to provide a Leave & Earnings statement.

### Homeowners Association proof of payment:

- ✓ Provide a current homeowners association bill, letter or assessment on association letterhead showing that all fees to date have been paid.
- ✓ Proof of payment is required, such as a canceled check.

### Tax forms:

- ✓ If you're not required to file a tax return, please submit a letter of explanation.
- ✓ A signed and dated federal tax return is required for the most recent year.
- ✓ If you and any co-borrower didn't file jointly, you each need to submit your own individual federal tax return.
- ✓ If you filed for an extension on your tax return, please submit IRS Form 4868.

### Property Valuation:

We may order an appraisal or other form of valuation to determine the property's value in the course of reviewing your application. If we rely on the valuation in determining whether your loan qualifies for a loan modification or other foreclosure prevention program, a copy of the valuation will be provided to you along with the notice approving or declining your application.

Making Home Affordable Program  
Request For Mortgage Assistance (RMA)



## Borrower's Authorization Form

### Authorization to Release Information

To Whom It May Concern:

1. The undersigned Borrower and Co-Borrower (if any) (individually and collectively, "Borrower" or "I"), authorize **PennyMac Loan Services, LLC** to obtain, share, release, discuss and otherwise provide to and with you public and non-public personal information contained in or related to the mortgage loan of the Borrower. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower.
2. **PennyMac Loan Services, LLC** will take reasonable steps to verify your identity, but it has no responsibility or liability to verify the identity of any third party. **PennyMac Loan Services, LLC** also has no responsibility or liability for what a third party does with such information.
3. This Third-Party Authorization is valid when signed by all borrowers and co-borrowers named on the mortgage and until **PennyMac Loan Services, LLC** receives a written revocation signed by any borrower or co-borrower.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to **PennyMac Loan Services, LLC** is appreciated.

### I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

Borrower Signature	Borrower Name	Social Security Number	Date
Co-borrower Signature	Co-borrower Name	Social Security Number	Date

**NEXT STEPS**

Here is what will happen now.

**What happens after you send PennyMac a complete loan modification application...**

After I have completed my review of your loan modification application, PennyMac will be able to provide you with one of the following responses:

- Confirmation that you have qualified for a loan modification. In which case I will send you a Trial Period Plan letter, which will provide you Trial Payment Terms. Completion of the Trial Period Plan will ultimately qualify you for a permanent loan modification.
- I will send you a letter informing you that you are missing documents that are required to make a loan modification decision.
  1. We will send you a Loan Modification – 30 Day Condition Notice, outlining any missing documents. You will have 30 days from the date of the letter to provide the required documents.
  2. If you do not provide all of the required documents within the specified 30 days, we will send you a Final Loan Modification – 15 Day Condition Letter.
  3. If we do not receive a complete loan modification package by the specified date, your loan modification file will be closed.
- I will provide you a denial letter, because you did not qualify for a loan modification. The decline letter will explain the reason(s) for the decline and provide you information for how you may be evaluated for other foreclosure prevention options.

**What happens if you are approved for a loan modification...**

If you are conditionally approved for a loan modification program, additional documents and information may be necessary to make a final loan modification decision. Once we receive all of the required documentation and verify their accuracy, we will determine whether you qualify for a loan modification. If you do, PennyMac will place your loan in a "Trial Period." The Trial Period helps you and PennyMac see if the new payment plan will work for you, while providing you immediate relief and preventing any possible foreclosure sale from occurring.

1. PennyMac will send you a Trial Period Plan, which will include a cover letter explaining the terms of the trial plan. Under the Trial Period Plan, you will be required to make monthly "trial payments," instead of your regular mortgage payments. These trial payments must be made, in full, by the monthly due date. IF you fail to make a Trial Payment during the month in which it is due, your Trial Period Plan will be canceled and your loan will not be permanently modified.
2. Near the end of the trial period, PennyMac will send you two copies of the "Modification Agreement," which will include the final modified loan payment amount and the terms of your modified loan. All borrowers will be required to sign and notarize two copies of the modification agreement and attest that all of the information you are providing to PennyMac is true and accurate. Misrepresenting any required information is a violation of federal law and has serious legal consequences.
3. Once the Trial Period Plan is successfully completed and the Modification Agreement is returned to PennyMac with all the appropriate signatures, we will modify your loan. Your modification only becomes permanent after we receive the Agreement. Until then, continue making payments in the same amount you paid during your trial period.

If you qualify for a loan modification, PennyMac will suspend any pending foreclosure proceedings, subject to your timely return of each Trial Period Plan payment. If you fail to comply with the terms of the Trial Period Plan and do not make other arrangements with PennyMac, your loan will be enforced according to its original terms. This could include resumption of foreclosure.

If you're unable to successfully complete the trial period or otherwise don't qualify for a permanent modification of your mortgage, you may need to consider options that involve finding a more affordable home. If your home is currently worth less than the outstanding balance remaining on your loan, you may be able to sell your house in a short sale, or you can deed the property to your lender through a deed in lieu of foreclosure. Both programs relieve you of your obligations to make further payments on your loan. These programs also may include financial assistance to help you with relocation.

**IMPORTANT PROGRAM INFO**

Here's what you need to know about the Modification program.

**If your request for Home Loan Assistance is declined, you can appeal the decision...**

If you believe you were denied a loan modification inappropriately, you can appeal the decision. You have 30 days from the date of the decision letter or 7 business days prior to a scheduled foreclosure sale date to file an appeal with PennyMac.

Please note that inquiries about a pending request for home loan assistance or general questions about the servicing of your mortgage do not meet the requirements for an appeal. Appeals must be sent by mail to the following address:

PennyMac Loan Services, LLC  
Attn: Loan Modification - Escalation Unit  
P.O. Box 514387  
Los Angeles, CA 90051-4387

If your submission meets the requirements for an appeal, we will send you a written acknowledgment indicating we have received your request. We will provide you with a substantive response within 30 days of receipt of your written appeal.

**Home Affordable Modification Program only**

The Home Affordable Modification Program is a part of a broad strategy of the federal government to help homeowners avoid foreclosure, stabilize the country's housing market, and improve the nation's economy. If you are not unemployed, but you're still struggling to make your mortgage payments, you may be eligible for the Home Affordable Modification Program ("HAMP"). HAMP may lower your monthly mortgage payments in order to make them more affordable and sustainable for the long-term.

In an effort to continue to provide meaningful solutions to the housing crisis, effective June 1, 2012, the Obama Administration expanded the population of homeowners that may be eligible for HAMP to include:

- Homeowners who are applying for a modification on a home that is not their primary residence, but the property is currently rented or the homeowner intends to rent it.
- Homeowners who previously did not qualify for HAMP because their debt-to-income ratio was 31% or lower.
- Homeowners who previously received a HAMP trial period plan, but defaulted in their trial payments.
- Homeowners who previously received a HAMP permanent modification, but defaulted in their payments, therefore losing good standing.

If you are a homeowner who falls into any of these criteria, you may be eligible for a modification under the expanded HAMP criteria.

**HAMP - BORROWER INCENTIVE:**

(HAMP eligible borrowers only): If your monthly mortgage payment (principal, interest, property taxes, hazard insurance, flood insurance, condominium association fees and homeowner's association fees, as applicable, but excluding mortgage insurance) is reduced through a HAMP modification by six percent or more and if you make your modified monthly mortgage payments on time, you will accrue a monthly benefit equal to the lesser of: (i) \$83.33 or (ii) one-half of the reduction in your monthly mortgage payment. As long as your mortgage loan does not become 90 days delinquent, we will apply your accrued monthly benefit to your mortgage loan and reduce your principal balance after each of the first through fifth anniversaries of the month in which the Trial Period Plan is defective. If your modified mortgage loan ever becomes 90 days delinquent, you will lose all accrued but unapplied principal reduction benefits and you will no longer be eligible to accrue additional principal reduction benefits even if the mortgage loan is later brought current.

**HAMP - CREDIT COUNSELING:**

(HAMP eligible borrowers only) If you have very high levels of debt, you will be required to obtain credit counseling under HAMP.

## IMPORTANT NOTICES

Here's what you need to know about the Modification program.

### State-Specific Legal Notices

The following states require that disclosures be given to residents of those states in certain circumstances. You may also have rights in those or other states not specifically mentioned below. Note that if you are delinquent on your payments, any information that you provide us or that we collect will be used for debt collection purposes.

If you are a **CALIFORNIA** Resident: AS REQUIRED BY LAW, YOU ARE HEREBY NOTIFIED THAT A NEGATIVE CREDIT REPORT REFLECTING ON YOUR CREDIT RECORD MAY BE SUBMITTED TO A CREDIT REPORTING AGENCY IF YOU FAIL TO FULFILL THE TERMS OF YOUR CREDIT OBLIGATIONS. BUT, WE WILL NOT SUBMIT A NEGATIVE CREDIT REPORT TO A CREDIT REPORTING AGENCY ABOUT THIS OBLIGATION UNTIL THE EXPIRATION OF ANY TIME PERIOD DESCRIBED. THE STATE ROSENTHAL FAIR DEBT COLLECTION PRACTICES ACT AND THE FEDERAL FAIR DEBT COLLECTION PRACTICES ACT REQUIRE THAT, EXCEPT UNDER UNUSUAL CIRCUMSTANCES, COLLECTORS MAY NOT CONTACT YOU BEFORE 8AM OR AFTER 9PM. THEY MAY NOT HARASS YOU BY USING THREATS OF VIOLENCE OR ARREST OR BY USING OBSCENE LANGUAGE. COLLECTORS MAY NOT USE FALSE OR MISLEADING STATEMENTS OR CALL YOU AT WORK IF THEY KNOW OR HAVE REASON TO KNOW THAT YOU MAY NOT RECEIVE PERSONAL CALLS AT WORK. FOR THE MOST PART, COLLECTORS MAY NOT TELL ANOTHER PERSON, OTHER THAN YOUR ATTORNEY OR SPOUSE, ABOUT YOUR DEBT. COLLECTORS MAY CONTACT ANOTHER PERSON TO CONFIRM YOUR LOCATION OR ENFORCE A JUDGEMENT. FOR MORE INFORMATION ABOUT DEBT COLLECTION ACTIVITIES, YOU MAY CONTACT THE FEDERAL TRADE COMMISSION AT 1-877-FTC-HELP or [www.ftc.gov](http://www.ftc.gov).

If you are a **COLORADO** Resident: A CONSUMER HAS THE RIGHT TO REQUEST IN WRITING THAT A DEBT COLLECTOR OR COLLECTION AGENCY CEASE FURTHER COMMUNICATION WITH THE CONSUMER. A WRITTEN REQUEST TO CEASE COMMUNICATION WILL NOT PROHIBIT THE DEBT COLLECTOR OR COLLECTION AGENCY FROM TAKING ANY OTHER ACTION AUTHORIZED BY LAW TO COLLECT THE DEBT. FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT, SEE [www.coloradoattorneygeneral.gov/ca](http://www.coloradoattorneygeneral.gov/ca). PENNYMAC'S COLORADO OFFICE LOCATION: 717 SEVENTEENTH STREET, SUITE 2300, DENVER, CO 80202, (866) 436-4766.

If you are a **MAINE** Resident: PENNYMAC OPERATING HOURS ARE 7:00 A.M. UNTIL 6:00 P.M. PACIFIC TIME MONDAY THROUGH FRIDAY AND 7:00 AM UNTIL 11:00 AM PACIFIC TIME SATURDAY. YOU MAY CONTACT OUR OFFICE DURING BUSINESS HOURS BY CALLING (866) 545-9070.

If you are a **MINNESOTA** Resident: THIS COLLECTION AGENCY IS LICENSED BY THE MINNESOTA DEPARTMENT OF COMMERCE.

If you are a **MONTANA** Resident: The State of Montana, Department of Administration, Division of Banking and Financial Institutions (Division), is the licensing agency of mortgage servicers. Any consumer with a comment, question, or concern should contact the Division by the means listed within this disclosure. State of Montana, Department of Administration, Division of Banking and Financial Institutions, 301 South Park, Suite 316, PO Box 200546, Helena, MT 59620-0546. Phone: 406-841-2920. Fax: 406-841-2930. E-mail: [banking@mt.gov](mailto:banking@mt.gov). Website: [www.banking.mt.gov/mortgage.asp](http://www.banking.mt.gov/mortgage.asp).

If you are a **NEW YORK** Resident: THIS COLLECTION AGENCY IS LICENSED BY THE CITY OF NEW YORK, LICENSE NUMBER 1294096. THIS COLLECTION AGENCY IS ALSO LICENSED BY THE CITY OF BUFFALO, LICENSE NUMBER 551910.

If you are a **TEXAS** Resident: COMPLAINTS REGARDING THE SERVICING OF YOUR MORTGAGE SHOULD BE SENT TO THE DEPARTMENT OF SAVINGS AND MORTGAGE LENDING, 2601 N. LAMAR, SUITE 201, AUSTIN, TX 78705. A TOLL-FREE CONSUMER HOTLINE IS AVAILABLE AT (877) 276-5550.

If you are a **UTAH** Resident: AS REQUIRED BY LAW, YOU ARE HEREBY NOTIFIED THAT A NEGATIVE CREDIT REPORT REFLECTING ON YOUR CREDIT RECORD MAY BE SUBMITTED TO A CREDIT REPORTING AGENCY IF YOU FAIL TO FULFILL THE TERMS OF YOUR CREDIT OBLIGATIONS. BUT, WE WILL NOT SUBMIT A NEGATIVE CREDIT REPORT TO A CREDIT REPORTING AGENCY ABOUT THIS OBLIGATION UNTIL THE EXPIRATION OF ANY TIME PERIOD DESCRIBED.



Equal Housing Opportunity © 2008-2013 PennyMac Loan Services, LLC, 6101 Condor Drive, Suite 200, Moorpark, CA 93021, 818-224-7442. NMLS ID # 35953 ([www.nmlsconsumeraccess.org](http://www.nmlsconsumeraccess.org)). Trade/service marks are the property of PennyMac Loan Services, LLC and/or its subsidiaries or affiliates. Licensed by the Department of Corporations under the California Residential Mortgage Lending Act. Georgia Residential Mortgage Licensee #33027. Illinois Residential Mortgage Licensee #MB.6760595. Minnesota: This is not an offer to enter into an agreement and an offer may only be made pursuant to Minn. Stat. §47.206 (3) & (4). Licensed by the Mississippi Department of Banking and Consumer Finance. Licensed by the New Hampshire Banking Department. Licensed by the N.J. Department of Banking and Insurance. Licensed by the Pennsylvania Department of Banking. Washington Consumer Loan License #CL-35953. For a complete listing of state licenses, please visit <http://www.pennymacusa.com/licenses.php>. Some products may not be available in all states. Information, rates and pricing are subject to change without prior notice at the sole discretion of PennyMac Loan Services, LLC. All loan programs subject to borrowers meeting appropriate underwriting conditions. This is not a commitment to lend. Other restrictions apply. All rights reserved.



## PROFIT & LOSS STATEMENT (SAMPLE)

You do not need to complete this form if you already have your own profit and loss form.

Only borrower(s) who are self-employed or work as an independent contractor should complete this form.

**Company Name:** \_\_\_\_\_ **Percent of Ownership:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Borrower(s):** \_\_\_\_\_

**Loan Number:** \_\_\_\_\_ **Report Dates: (From)** \_\_\_\_\_ **(To)** \_\_\_\_\_

*(The information below must be year to date and must include a minimum of 4 months of Income and Expenses. The Report "To" date cannot exceed the date of this form.)*

Please fill in the fields that apply to your business. *(An individual profit and loss statement is needed for every business.)*

<b>GROSS INCOME</b>			
	Definition	Expense	Income
<b>Gross Income</b>	Total amount of income from the sales or services, before subtracting expenses.		\$
<b>Other Income</b>	Any other additional funds earned through the company, such as: payments from people leasing space or payments from investors.		\$
<b>Total Gross Income</b>	Income before taxes		\$

<b>EXPENSES</b>			
	Definition	Expense	Income
<b>Cost of Goods Sold</b>	Direct costs to produce or obtain the goods sold by the company.	\$	
<b>Accounting and Legal Fees</b>		\$	
<b>Advertising Expenses</b>		\$	
<b>Insurance</b>	Do not include Home Owner's Insurance.	\$	
<b>Maintenance and Repairs</b>		\$	
<b>Supplies</b>		\$	
<b>Payroll Expenses</b>	Salaries and wages from borrower(s) on the mortgage loan.	\$	
<b>Payroll Expenses</b>	Salaries and wages for employees who are not borrower(s) on the mortgage loan.	\$	
<b>Postage</b>		\$	

*Payroll Expenses, paid to the Borrower(s), require paystubs within the last 30 days. Business bank statements may be required.*

Rent		\$	
Licenses		\$	
Taxes	Do not include Real Estate taxes for the property. Only include the taxes that you have to pay for the business.	\$	
Telephone		\$	
Depreciation / Depletion		\$	
Travel / Transportation		\$	
Utilities		\$	
Other	Total amount and explanation of any other expenses not already listed above.	\$	
1.)	Explain:	\$	
2.)	Explain:	\$	
3.)	Explain:	\$	
<b>Total Expenses</b>		\$	
<b>NET INCOME</b>			
	Definition	Expense	Income
<b>Net Income Before Taxes</b>	Gross Income less Total Expenses		\$
<b>Taxes</b>	Taxes paid on Business Income	\$	
<b>Total Net Income After Taxes</b>	Net Income less Taxes		\$

### Questionnaire:

Does your company pay you a Salary? Yes or No (circle one)

Does your company allow you to take Draws? Yes or No (circle one) If so, complete below:

Year to date Draws: \$ \_\_\_\_\_ (amount)

By signing this document, I/we certify that all the information is truthful. I/we understand that knowingly submitting false information may constitute fraud.

Borrower: \_\_\_\_\_

Co-Borrower: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Only complete this document if you are Self Employed.**

You are not obligated to use this form, if you already have a Profit and Loss Statement of your own.

HELP FOR AMERICA'S HOMEOWNERS.



## Third Party Authorization Form

(Only complete this form if you would like PennyMac to share information with a 3rd party)

The undersigned Borrower and Co-Borrower (if any) (individually and collectively, "Borrower" or "I"), authorize the above Servicer and the following third parties

[Counseling Agency]

[Agency Contact Name and Phone Number]

[State HFA Entity]

[State HFA Contact Name and Phone Number]

[Other Third Party]

[Third Party Contact Name and Phone Number]

[Relationship of Other Third Party to Borrower and Co-Borrower]

**(NOTE: You are not required to work with any 3rd parties to complete a loan modification)**

(individually and collectively, "Third Party") to obtain, share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the mortgage loan of the Borrower. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower. I also understand and consent to the disclosure of my personal information and the terms of any agreements under the Making Home Affordable or Hardest Hit Fund Programs by Servicer or State HFA to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the Emergency Economic Stabilization Act.

The Servicer will take reasonable steps to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicer also has no responsibility or liability for what a Third Party does with such information.

### Before signing this Third-Party Authorization, beware of foreclosure rescue scams!

- It is expected that a HUD-approved housing counselor, HFA representative or other authorized third party will work directly with your lender/mortgage servicer.
- Please visit <http://makinghomeaffordable.gov/counselor.html> to verify you are working with a HUD-approved housing counseling agency.
- Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

This Third-Party Authorization is valid when signed by all borrowers and co-borrowers named on the mortgage and until the Servicer receives a written revocation signed by any borrower or co-borrower.

### I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

Borrower Signature	Borrower Name	Social Security Number	Date
Co-borrower Signature	Co-borrower Name	Social Security Number	Date

**4506-T**

Form  
(Rev. September 2015)  
Department of the Treasury  
Internal Revenue Service

**Request for Transcript of Tax Return**

- Do not sign this form unless all applicable lines have been completed.
- Request may be rejected if the form is incomplete or illegible.
- For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 <b>Transcript requested.</b> Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► <b>1040</b>
a <b>Return Transcript</b> , which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days <input checked="" type="checkbox"/>
b <b>Account Transcript</b> , which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days <input type="checkbox"/>
c <b>Record of Account</b> , which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days <input type="checkbox"/>
7 <b>Verification of Nonfiling</b> , which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days <input type="checkbox"/>
8 <b>Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.</b> The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days <input type="checkbox"/>

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 <b>Year or period requested.</b> Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.	12 / 31 / 2015	12 / 31 / 2014	12 / 31 / 2013	/ /
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**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

**Sign  
Here**

Signature (see instructions)

Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

## General Instructions

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

### If you filed an individual return and lived in:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service  
RAIVS Team  
Stop 6716 AUSC  
Austin, TX 73301

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Internal Revenue Service  
RAIVS Team  
Stop 37106  
Fresno, CA 93888

559-456-7227

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Internal Revenue Service  
RAIVS Team  
Stop 6705 P-6  
Kansas City, MO 64999

816-292-6102

## Chart for all other transcripts

### If you lived in or your business was in:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
	801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party -- Business.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

**CAUTION** *You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.*

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see **Where to file** on this page.